STORMWATER DISCHARGE OUTFALL (SDO) ANNUAL SUMMARY DATA MONITORING REPORT (DMR) Calendar Year _____

General Permit No.	NCG170000				
Certificate of Coverage No.	NCG17				
This monitoring report summary is due to the DEMLR Regional Office no later than November 1 of each year.					
Facility Name:					
County:					
Phone Number: ()		Total	no. of SDOs mor	nitored	
Outfall No					
Is this outfall currently in Tier 2 (monitored monthly)?					No 🗌
Was this outfall ever in Tier 2 (monitored monthly) during the past year? Yes ☐ No ☐					No 🗌
If this outfall was in Tier 2 last year, why was monthly monitoring discontinued?					
Enough consecutive	samples below bend	chmarks to decrease freque	ency 🗌		
Received approval f	rom DEMLR to reduc	e monitoring frequency			
Other					

		00530	00556	Vehicle Maintenance Activities
Outfall	Total Rainfall, inches	TSS, mg/L	Non-polar Oil & Grease, mg/L	New Motor Oil Usage, gal/month
Benchmark	N/A	50/100	15	N/A
Date Sample Collected, mo/dd/yr				

Additional Outfall Attachment

Outfall No						
Is this outfall currently in Tier 2 (monitored monthly)?	Yes 🗌	No 🗌				
Was this outfall ever in Tier 2 (monitored monthly) during the past year?	Yes 🗌	No 🗌				
If this outfall was in Tier 2 last year, why was monthly monitoring discontinued?						
Enough consecutive samples below benchmarks to decrease frequency						
Received approval from DEMLR to reduce monitoring frequency						
Other						

		00530	00556	Vehicle Maintenance Activities
Outfall	Total Rainfall, inches	TSS, mg/L	Non-polar Oil & Grease, mg/L	New Motor Oil Usage, gal/month
Benchmark	N/A	50/100	15	N/A
Date Sample Collected, mo/dd/yr				

"I certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

Signature _	 	 	
Date			

Mail Annual DMR Summary Reports to:

DEMLR Regional Office Contact Information:

Asheville Office (828) 296-4500
Fayetteville Office ... (910) 433-3300
Mooresville Office ... (704) 663-1699
Raleigh Office ... (919) 791-4200
Washington Office ... (252) 946-6481
Wilmington Office ... (910) 796-7215
Winston-Salem (336) 771-5000



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		(910) 433-3300	
		WASHINGTON REGIONAL OFFICE	WILL MINGEON DECIONAL OFFICE
	RALEIGH REGIONAL OFFICE	WASHINGTON REGIONAL OFFICE	WILMINGTON REGIONAL OFFICE
	3800 Barrett Drive	943 Washington Square Mall	127 Cardinal Drive Extension
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ľ	WINSTON-SALEM REGIONAL		
	OFFICE		
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	Winston-Salem, NC 27107		
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